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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
NORTH CITY FLATLANDS PHASE TWO LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$160.00 |

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: North City Flatlands Phase Two, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Carlos E. Gonzalez
Name of Person
AHS Residential, LLC
Firm/Company
12895 SW 132nd St
Address
Miami, FL 33186
City/State and Zip Code
drivera@ahsresidential.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos E. Gonzalez 305 255-5527
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 CLERK OF STATE
 TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

North City Flatlands Phase Two LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 12895 SW 132nd St Miami, FL 33186
Mailing Address: 12895 SW 132nd St Miami, FL 33186

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City State Zip

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COUNTY OF SMI
TALLAHASSEE, FL

Having been named as registered agent and to accept service of process for the above stated limited liability company in the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

By [Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

| | |
|------------|--|
| <u>MGR</u> | Ernesto Lopez 12895 SW 132nd St Miami, FL 33186 |
| <u>AR</u> | Carlos E. Gonzalez 12895 SW 132nd St Miami, FL 33186 |
| <u>AR</u> | Osvaldo J. Marchante 12895 SW 132nd St Miami, FL 33186 |
| <u>AR</u> | Ricardo Blas 12895 SW 132nd St Miami, FL 33186 |

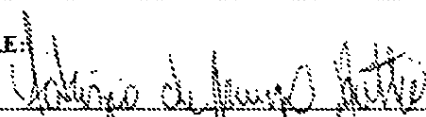
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/19/2022 (OPTIONAL). (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Fabrizio Batista
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 TALLAHASSEE, FLORIDA

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Florida LLC

Attachment for Entity: **North City Flatlands Phase Two, LLC**

See below additional Authorized Person(s) Detail:

| <u>Title</u> | <u>Name and Address</u> |
|--------------|--|
| AR | Thiago Caixeta 12895 SW 132 nd St. Miami FL 33186 |
| AR | Fabrizio Batista 12895 SW 132 nd St. Miami FL 33186 |

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